

Nebraska Medicaid Billing Instructions

for

Medicaid In Public Schools (MIPS) Claim Forms

for

Special Education School-Based Services

The instructions included herein apply when billing Nebraska Medicaid, also known as the Nebraska Medical Assistance Program (NMAP), for Medicaid-covered Special Education School-Based Services provided to students/clients of Special Education programs on or after April 1, 2006.

Medicaid policy for "*Special Education School-Based Services*" is covered in Title 471 Nebraska Administrative Code Chapter 25 (471 NAC 25-000). "*Regulations and Standards for Special Education Programs*" is covered in Title 92 Nebraska Administrative Code Chapter 51 (92 NAC 51-000).

Third Party Resources: Claims for Special Education School-Based Services provided to students/clients with third party resources (e.g., private health/casualty insurance, etc.) should not be billed to NMAP/Medicaid. In order to insure all students a Free Appropriate Public Education (FAPE), subsequent MIPS claims should not be submitted to third party payers either, even though the student/client may be a named beneficiary of third party coverage. Efforts are made to eliminate all students/clients with third party resources (according to DHHS records) from the MIPS lists of students/clients and corresponding MIPS Claim Forms generated by DHHS/NDE and distributed monthly (See "Paper Claims" below).

Certification of Local Match to Medicaid Claims: It is important to note that Medicaid In Public Schools (MIPS) claims are submitted for payment by Public School Districts of Nebraska. Claims are submitted for the total amount (Rate x Units). However, only an amount equal to the Federal Financial Participation (FFP) in effect at the time of payment is passed (paid) to the Public School District. It is the responsibility of the District to assure that sufficient local funds were available and expended for the provision of services included on each claim.

Parental Consent: In accordance with the "*Early Intervention Act*" (Nebraska R.R. S. §43-2511), all school districts are "...required to participate..." in MIPS. HOWEVER, before MIPS claims can appropriately be submitted to DHHS for adjudication, school districts "...*MUST obtain parental consent...*" (34 CFR §300.154(2)(iv)(A)) in order to access the student/child's Medicaid benefits. Each signed consent applies only for the services identified on the IEP/IFSP and actually provided during its effective period. This consent may be appended to the applicable IEP/IFSP but in any case must identify the time and services to which the consent applies. Parental Consent may also be withdrawn at any time upon written notice to the public school district.

NOTE: As referenced above, IDEA (Individuals with Disabilities Education Act) requires parental consent to access public insurance (Medicaid). If the child is not eligible during the effective period of the consent, Medicaid funding will not be accessed. In addition, parental consent does not affect the district's obligation to provide a Free Appropriate Public Education (FAPE) at no cost to the parent/child, nor shall any parent/child be required by the district to apply for Medicaid benefits.

CLAIM FORMATS

Electronic Claims: Special Education School-Based Services billed electronically must be submitted to Nebraska Medicaid using the standard electronic Health Care Claim: Professional transaction (ASC X12N 837). For electronic transmission submission instructions and formats please contact: Nebraska Department of Health and Human Services (DHHS)
Division of Medicaid and Long-Term Care
Electronic Data Interchange (EDI) Help Desk
Toll Free at **(866) 498-4357** or in
Lincoln at **(402) 471-9461**.

Information may also be found on the Nebraska DHHS EDI Customer Support website at:
http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx

Paper Claims: Special Education School-Based Services are billed to Nebraska Medicaid on MIPS Claim Forms generated and distributed to applicable Public School Districts through each district's designated MIPS Contact. Each MIPS Claim Form is a simulated CMS-1500 "*Health Insurance Claim Form*" with only those fields necessary for the processing of MIPS claims. If a District chooses to generate their own claim forms, we ask that DHHS approval be granted before actual claims are submitted for payment. If interested, please contact DHHS at (402) 471-9126 for further information regarding this approval process.

On or about the 23rd of each month a file is generated containing information of those clients who, according to their Medicaid eligibility record, will be Medicaid eligible during the following month. Included are those clients who are under 23 years of age and do not have third party (insurance) coverage in effect at that time. Names and dates of birth are then used to find matches with students included in the Nebraska Department of Education's (NDE) "*Nebraska Student and Staff Reporting System*" (NSSRS). NSSRS includes information regarding students of Public School Districts in Nebraska who have verified disabilities and thereby eligible to receive Special Education services.

Information from records of matching students/clients is sorted and listed by school district. Each list includes names, dates of birth, Medicaid Eligibility Numbers and a notation of which related service(s)/therapy(ies) (OT, PT &/or ST), if any, each student/client is receiving. Assuming the School District has not directed DHHS to suppress printing their claim forms, a MIPS Claim Form is generated for each student/client for each therapy the student/client's NSSRS record indicates s/he is receiving as a related service. If a student receives a therapy service for which no MIPS Claim Form is generated, a blank form may be used (see attached copies or contact DHHS) but each MIPS Claim Form must be completed in accordance with the requirements outlined herein.

MIPS CLAIM FORMS COMPLETION

Please refer to the enclosed MIPS Claim Form samples for each of the fields referenced below. Applicable information for those fields **blackened will be pre-printed** on MIPS Claim Forms provided as a result of the above outlined matching process. Those fields highlighted in **gray need to be completed** as outlined below in order to meet the requirements of each properly completed MIPS Claim Form.

LEA: **Co-Dist**: This indicates the County and District Number of the Public School District. Completion is not required but the County and District Number will be pre-printed on claim forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

Child's Name **First Name MI Last Name**: This indicates the Child/Student's Name and must be present but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

Medicaid ID # **x x x x x x x x - x x**: This is an 11-digit (must be **11** digits) number identifying the child/student receiving services included on the MIPS Claim Form and must be present but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion. If the child/student's eleven (11) digit Medicaid ID number is not available, please contact DHHS for assistance.

Referring Physician Name **Dr. First Name MI Last Name**: Enter the name of the Physician who referred or prescribed the services provided by a licensed therapist and included on the first (professional) service line of the MIPS Claim Form. A Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN) commonly referred to as a "*Nurse Practitioner*" (NP) may also be entered as the medical professional confirming that the client has a medical need for the service(s) provided and billed. However, whoever is listed as the "Referring" professional must be enrolled as a provider of medical service(s) in the Nebraska Medical Assistance Program (NMAP/Medicaid) and his/her National Provider Identifier included in his/her enrollment record. Completion of this field is not required if the number of "Total Units" on the first line of the claim is equal to zero (0).

Physician License NPI **x x x x x x x x x x**: This is a 10-digit (must be 10 digits) number identifying the Physician documenting medical necessity for the services billed. Enter the National Provider Identifier (NPI) of the referring/prescribing physician, Physician's Assistant (PA) or Nurse Practitioner (APRN). Completion of this field is not required if the number of "Total Units" on the first service line of the claim is equal to zero (0).

Service Lines

Date(s) of Service (DOS)

From **mm-dd-ccyy**: Enter the eight (8) digit numeric beginning date of service for the month being billed. Normally this is the first day of the month but must be in the format indicated (i.e. 2-digit month; 2-digit day of month; 2-digit century; and 2-digit year).

Date(s) of Service (cont.)

To **mm-dd-ccyy**: Enter the eight (8) digit numeric ending date of service for the month being billed. Normally this is the last day of the month but must be in the format indicated (i.e. 2-digit month; 2-digit day of month; 2-digit century; and 2-digit year).

NOTE: *Date(s) of Service From/To indicated on a MIPS claim usually span the entire month and must not cross over to the next month (i.e. "DOS From mm" must be the same as "DOS To mm"). However, if multiple claims are submitted for services provided in the same month with the same client/student 11-digit "Medicaid ID #", same service ("Procedure Code/Mod") and same 11-digit Medicaid Provider Number ("Federal Tax ID" + 2-digit suffix), "Date(s) of Service From/To" on MIPS claims cannot overlap. Violation of this will cause the processing system to suspect that duplicate MIPS claims have been submitted and all of the corresponding MIPS claims will be rejected. Please contact DHHS for assistance should this situation arise.*

PLC 03: This indicates the Place of Service ('03' = School) and should be pre-printed on all MIPS Claim Forms.

Procedure Code/Mod: This is the Procedure Code and Modifier that identifies the service(s) provided during the Date(s) of Service entered on the same line of service. The Procedure Code/Mod should be pre-printed on all MIPS Claim Forms for both lines of each of the three (3) MIPS claim types. The 'TM' modifier indicates that the service(s) was/were recommended on an IEP or IFSP "...to meet the unique needs of the child".

NOTE: The "Procedure Code/Mod," "Diagnosis Code," "Rate," "Therapist Name," "SSN" and Medicaid Provider Number ("Federal Tax ID" + two-digit suffix) are unique to each therapy (OT, PT & ST) respectively. Therefore, it is important to use the MIPS Claim Form applicable to the service (therapy) actually provided. If you have any questions or concerns regarding this matter, please contact DHHS for assistance.

The Procedure Code/Mod on the first line (OT = '97004 TM'; PT = '97002 TM'; or ST = '92523 TM') indicates those services provided by a licensed therapist and/or by a therapy assistant under the supervision of a licensed therapist in accordance with regulations and statutes (Practice Act) governing the provision and definition of services by therapists and therapy assistants of their respective discipline (therapy).

The Procedure Code/Mod on the second line (T1018 TM) indicates Personal Assistance/Care Services provided by a motor activity paraprofessional, speech language technician, [Occupational, Physical or Speech-Language] therapy aide or other non-licensed paraprofessional related to the therapy indicated by the claim.

Diagnosis Code: This is the ICD-9-CM Diagnosis Code corresponding to the service(s) provided (OT = 'V572.1'; PT = 'V571'; or ST = 'V573') and should be pre-printed on all MIPS Claim Forms.

Charge \$xx,xxx.xx: Enter the amount submitted for the service line. It is calculated by multiplying the "Total Units" provided during the month (DOS) times/by the "Rate."

Total Units xxx: Enter the total number of units of service provided during the month (DOS). These are normally up to half-hour (30 minutes) units and must be rounded to the next whole number (fractions or decimals are not accepted). "Units" refer to the face-to-face provision of service only but does include time spent in group settings for Speech/Language Therapy. Do not include "travel/windshield" or "evaluation" time, nor time spent on administrative duties like the development of notes, et cetera.

NOTE: "Total Units" for any month may be calculated in either of two (2) ways. The first option is to take each encounter or session for which the service/procedure indicated was provided and calculate the number of whole units for the month rounding up to a whole number for each encounter/session. The second option is to take the total number of minutes in each encounter or session, add them together for the month and divide by the minutes of each procedure code (usually thirty (30) minutes). Be sure to round up before entering the total units on the applicable MIPS Claim Form.

Rate: This is the Rate calculated by DHHS in accordance with applicable regulations for the procedure/service identified on the service line and should be pre-printed on all MIPS Claim Forms.

Total Charge \$xx,xxx.xx: Enter the sum of the Charges entered on the two (2) service lines of the MIPS claim. Failure to enter an accurate "Total Charge" will cause the claim to be rejected.

Therapist Name: This is the name of the licensed therapist who provided services indicated on the first service line of the MIPS claim. Completion of this field is not required if the number of "Total Units" on the first line of the claim is equal to zero (0).

SSN OR NPI: This is the 9-digit Social Security Number OR 10-digit National Provider Identifier of the licensed therapist who provided services indicated on the first service line of the MIPS claim. Either number is acceptable but in order to accept an NPI, enrollment information for the District must include the therapist's NPI.

NOTE: *The "Therapist Name" and corresponding "SSN" (...and NPI if applicable) must be submitted to DHHS on a signed and completed Form MC-19, "DHHS Division of Medicaid and Long-Term Care Service Provider Agreement," in accordance with 471 NAC 000-90 and 471 NAC 25-002. Failure to submit a properly completed MC-19 for the School District named on the MIPS claim may cause the district's MIPS claims to be rejected.*

School District Public School District Name: This indicates the Public School District responsible for the Free Appropriate Public Education (FAPE) of the child/student named on the MIPS claim and for which Special Education services were provided. This must be present but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

Co-Dist: This indicates the County and District Number of the School District and is required but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

Federal Tax ID xxxxxxx: This is a 9-digit number identifying the Public School District providing services included on the MIPS claim and must be present but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

NOTE: *The 11-digit Medicaid Provider Number referenced herein is the 9-digit "Federal Tax ID" of the Public School District and a 2-digit suffix indicating the therapy type of the MIPS claim. All eleven (11) digits must be present but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion. The 2-digit suffix is unique to the appropriate therapy claim:*

- **32** indicates Physical Therapy;
- **68** indicates Speech Therapy; and
- **69** indicates Occupational Therapy

Authorized Signature Signature of Authorized Representative: This is a required signature of a representative authorized by the School District to certify that the information stated on the MIPS claim is correct and that falsification may be prosecuted under Federal and State laws. It is not required that the signee be of any specific capacity, nor that it always be the same – only that the signee be authorized by the school district (formally or informally) to request payment.

Date mm-dd-ccyy: This is a required field indicating the date the claim was signed by the Authorized Representative and will also be used as the claim submittal date.

Weekday, Month dd, ccyy: This indicates the date the claim form was generated and is not required but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

Page xxxx of xxxx: This indicates the page number of all of the MIPS information generated by DHHS/NDE during the monthly MIPS process. It is not required but will be pre-printed on MIPS Claim Forms generated by DHHS/NDE and distributed to MIPS Contacts for completion.

MIPS CLAIM FORMS SUBMISSION

Mailing Address: When submitting MIPS claims, please make a copy of each claim to retain for your records and address the original forms to:

Nebraska Dept of Health & Human Services
Division of Medicaid & Long-Term Care
Claims Processing – Screening Unit
P.O. Box 95026
Lincoln, NE 68509-5026